



Office of the City Clerk

Background Check Form

____ Auctioneer* ____ City Sponsored event vendor (if lacking Troy Vendor's License)
____ Vendor* ____ Games/Bingo ____ Secondhand dealer *
____ Peddler* ____ Dealer in Precious Metal* ____ Special Event

* indicates that fingerprinting ((Part D)is required.

PART A

Name: _____

Address: _____

Date of Birth: _____ Social Security Number: _____

List any and all other names you have ever used: _____

List all nicknames you have ever used: _____

PART B

List in reverse chronological order all of the places you have resided in the past ten years.

Street # and name	City or town	State or Province	Country

PART C

Have you ever been convicted of a crime? _____

If yes, Explain: _____

PART D: Complete only if box is checked.

☐ Fingerprinting is required. For most current information, contact the Identification Clerk at the Troy Police Department. 518-270-4680.

I, _____, BY EXECUTION OF THIS DOCUMENT GIVE THE City of Troy AND THEIR AGENTS PERMISSION TO CONDUCT A CRIMINAL BACKGROUND CHECK REGARDING MY PAST HISTORY. THIS BACKGROUND CHECK INCLUDES, BUT IS NOT LIMITED TO A RECORDS CHECK TO DETERMINE WHETHER I HAVE EVER BEEN CONVICTED OF ANY CRIME OR HAVE A CRIMINAL RECORD. GIVING FALSE STATEMENTS ON THIS APPLICATION WILL RESULT IN IMMEDIATE DISQUALIFICATION FOR THE PERMIT OR LICENSE FOR WHICH I HAVE APPLIED.

I declare under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information, and belief.

SIGNATURE _____

DATE _____

Fingerprint background review: Approved __ Denied __

Local background review: Approved __ Denied __

Signature _____

Date _____